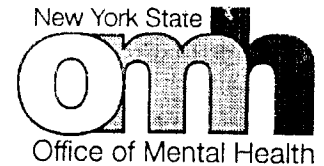


EXHIBIT

G

Central New York Psychiatric Center
P.O. Box 300
Marcy, New York 13403
(315) 765-3600



Donald Sawyer, Ph.D., MBA, Executive Director

** This is not true, I ~~was~~*
left from Sing Sing C.F. ~~to~~
to Central New York.
EVALUATION FOR TREATMENT OVER OBJECTION ***

CALVIN, Michael
C# 171195

March 8, 2011
Date of Interview: March 2, 2011

Mr. Michael Calvin is a 46 year old African American male, with a long history of mental illness. He was admitted to CNYPC from Wende Correctional Facility on 12/30/10 for the second time. According to the notice of admission, he required evaluation, stabilization and treatment of his mental illness because he had stopped taking his prescribed antipsychotic medication and displayed bizarre behavior including maintaining abysmal hygiene, stuffing toilet paper up his nose and responding to internal stimuli. Moreover, when he is not taking psychotropic medication, he becomes aggressive and impulsive which leads to his receiving tickets.

Mr. Calvin has no known history of mental illness prior to his incarceration. However, this is his second hospitalization at CNYPC (admitted 5/20/10; discharged 10/20/10) within one year. During that admission, he was assessed and given an Axis I diagnosis of Schizophrenia, Undifferentiated Type and Axis II diagnoses of Antisocial Personality Disorder and Borderline Intellectual Functioning.

This patient believes that, since he is not mentally ill, he does not need psychotropic medication. He does not participate in the programs at this facility. His history and records indicate his two hospitalizations were for similar complaints and incidents. Mr. Calvin has demonstrated a pattern of non-compliance with psychiatric medications, which has demonstrated in his decompensation with subsequent bizarre, aggressive, disoriented, confused and delusional behavior

Diagnoses:

Axis I: Schizophrenia, Undifferentiated Type
Axis II: Antisocial Personality Disorder
Borderline Intellectual Functioning
Axis III: None identified

Mental Status Examination:

Patient is a 46 year old African American male; awake and alert; poor eye contact; average grooming and hygiene; cooperative. Motor: no abnormal tics or tremors noted. Speech: normal rate with sing-song rhythm; soft tone and low volume. Mood: dysthymic; giggly. Affect: constricted and congruent and bizarre (hunched over, head on hands, didn't focus on interview). Denied suicidal or homicidal ideation, intent, or plans. Patient denied audio or visual hallucinations but seemed to think the idea was funny. Thought processes: concrete; disorganized. Thought content: tried to answer questions but was unable or unwilling to follow the questions or formulate coherent answers. Insight and judgment: impaired with respect to his being able to communicate his thoughts and feelings; his understanding of his illness or need to take medication and unable to appreciate the reasons for the current hospitalization. Cognition: patient had been diagnosed previously as having borderline intellectual functioning.

CALVIN, Michael
C# 171195
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Because of Mr. Calvin's history of hospitalizations and lack of insight into his condition and his history of non-compliance with medications, it is important to seek treatment over objection. The proposed treatment involves long-acting injectable medications (IM) such as Risperdal Consta, Haldol Decanoate or Prolixin Decanoate to minimize his non-compliance. Risperdal Consta is started at 25 mg IM q 2 weeks and tapered up to 50 mg IM q 2 weeks; Haldol Decanoate is given 100-200 mg IM q 2 weeks and Prolixin Decanoate is given 25-75 mg IM q 2 weeks.

Mr. Calvin is suffering from a severe mental illness, making him a potential danger to himself and others. He has displayed delusional and disorganized thinking which begins with his refusing psychotropic medication and ends with his behaving in bizarre, aggressive and impulsive behaviors. He has demonstrated limited insight into his illness and presents an imminent danger to himself and to others. He will benefit from treatment over objection, which may improve his insight.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Patricia L. Touzeau, PhD, MD". The signature is fluid and cursive, with the last name "Touzeau" being the most prominent part.

Patricia L. Touzeau, PhD, MD
Assistant Psychiatrist

PT/als
cc: Patient Record